

TAYLOR PARK HC AND REHAB CENTER
903 BOYCE DR PO BOX 857

RHINELANDER 54501 Phone: (715) 365-6816
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 100
Total Licensed Bed Capacity (12/31/04): 100
Number of Residents on 12/31/04: 88

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 93

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		47.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		27.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	4.5	More Than 4 Years		25.0
Day Services	No	Mental Illness (Org./Psy)	27.3	65 - 74	8.0			-----
Respite Care	No	Mental Illness (Other)	2.3	75 - 84	25.0			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	51.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	11.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	11.4	65 & Over	95.5	-----		
Transportation	No	Cerebrovascular	8.0		-----	RNs		11.2
Referral Service	No	Diabetes	3.4	Gender	%	LPNs		7.2
Other Services	No	Respiratory	5.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	39.8	Male	19.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	80.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	2	3.4	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.3	
Skilled Care	9	100.0	284	55	93.2	129	0	0.0	0	20	100.0	180	0	0.0	0	0	0.0	0	84	95.5	
Intermediate	---	---	---	2	3.4	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.3	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		59	100.0		0	0.0		20	100.0		0	0.0		0	0.0		88	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.2	Bathing	9.1	67.0	23.9	88
Private Home/With Home Health	0.5	Dressing	10.2	63.6	26.1	88
Other Nursing Homes	7.6	Transferring	33.0	51.1	15.9	88
Acute Care Hospitals	85.4	Toilet Use	21.6	54.5	23.9	88
Psych. Hosp.-MR/DD Facilities	0.0	Eating	63.6	22.7	13.6	88
Rehabilitation Hospitals	0.0	*****				
Other Locations	3.2	Continence		%	Special Treatments	%
Total Number of Admissions	185	Indwelling Or External Catheter	3.4		Receiving Respiratory Care	6.8
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	69.3		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	35.2	Occ/Freq. Incontinent of Bowel	46.6		Receiving Suctioning	0.0
Private Home/With Home Health	17.6				Receiving Ostomy Care	4.5
Other Nursing Homes	4.9	Mobility			Receiving Tube Feeding	4.5
Acute Care Hospitals	13.7	Physically Restrained	3.4		Receiving Mechanically Altered Diets	38.6
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	98.9
Other Locations	4.9	With Pressure Sores	9.1		Medications	
Deaths	23.6	With Rashes	1.1		Receiving Psychoactive Drugs	48.9
Total Number of Discharges (Including Deaths)	182					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	81.9	1.14	86.1	1.08	85.9	1.08	88.8	1.05
Current Residents from In-County	77.3	72.8	1.06	80.1	0.97	75.1	1.03	77.4	1.00
Admissions from In-County, Still Residing	17.8	18.7	0.96	19.9	0.90	20.5	0.87	19.4	0.92
Admissions/Average Daily Census	198.9	151.4	1.31	143.3	1.39	132.0	1.51	146.5	1.36
Discharges/Average Daily Census	195.7	151.2	1.29	144.8	1.35	131.4	1.49	148.0	1.32
Discharges To Private Residence/Average Daily Census	103.2	74.0	1.39	69.4	1.49	61.0	1.69	66.9	1.54
Residents Receiving Skilled Care	97.7	95.3	1.03	95.9	1.02	95.8	1.02	89.9	1.09
Residents Aged 65 and Older	95.5	94.3	1.01	93.5	1.02	93.2	1.02	87.9	1.09
Title 19 (Medicaid) Funded Residents	67.0	71.9	0.93	71.5	0.94	70.0	0.96	66.1	1.01
Private Pay Funded Residents	22.7	16.7	1.36	16.3	1.40	18.5	1.23	20.6	1.11
Developmentally Disabled Residents	1.1	0.6	1.82	0.7	1.70	0.6	1.97	6.0	0.19
Mentally Ill Residents	29.5	29.5	1.00	32.1	0.92	36.6	0.81	33.6	0.88
General Medical Service Residents	39.8	23.5	1.69	21.4	1.86	19.7	2.02	21.1	1.89
Impaired ADL (Mean)	46.8	46.4	1.01	48.7	0.96	47.6	0.98	49.4	0.95
Psychological Problems	48.9	54.5	0.90	55.2	0.88	57.1	0.86	57.7	0.85
Nursing Care Required (Mean)	8.1	7.4	1.10	7.9	1.03	7.3	1.11	7.4	1.09